CHOOSING OPTION OF SEPARATE ACCOUNTING	Date this form is filed:
Candidate or Candidate's Committee (Full Name):	Name of Office Sought:  Year Office Election will be held:
Address:  Telephone Number(s): ( )  Signature of Person choosing separate accounting option:	
Printed Name of Person choosing separate accounting option:  Authority of Signer (Candidate, Treasurer, Chairman):	SIGNER UNDERSTANDS THAT THIS FORM SHOULD BE FILED ONLY IF CONTRIBUTIONS ARE TO BE ACCEPTED FOR MORE THAN ONE ELECTION AT A TIME. SIGNER UNDERSTANDS THAT IF SEPARATE ACCOUNTING IS CHOSEN A SEPARATE BANK ACCOUNT MAY BE OPENED FOR EACH ELECTION.

## MAIL TO:

GEORGIA GOVERNMENT TRANSPARENCY AND CAMPAIGN FINANCE COMMISSION 200 PIEDMONT AVE STE 1402 - WEST TOWER ATLANTA, GEORGIA 30334